

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.
101692824

FILING DATE

APPLICANT(S)

3/15/06 7-12-06 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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50					
TOTAL IND.		/	/	/	
TOTAL DEP.		/	/	/	
TOTAL CLAIMS		2	2	2	

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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54					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					